



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) P5783
In re Application of Michael J. Wookey		
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No. 09/780,038	Filed February 9, 2001
For: NETWORKED INSTALLATION SYSTEM FOR DEPLOYING SYSTEMS MANAGEMENT PLATFORMS		
	Art Unit 2124	Examiner William H. Wood

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ <u>410.00</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ <u>930.00</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ <u>1,450.00</u>
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ <u>1,970.00</u>

Applicant claims small entity status . See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ _____.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 44,866

attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

8/23/04

Date

(720) 406-5378

Telephone Number

SIGNATURE

Kent A. Lembke

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 form(s) are submitted.